NOV 17 2017

PRINTED: 11/06/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
	0153	A. BUILDING: _____ B. WING _____		C 10/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGLE STEPS	62 BARRE STREET MONTPELIER, VT 05602

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on site complaint investigation was conducted on 10/30/17 by the Division of Licensing and Protection. The findings include the following:	R100		
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. iii. Include a statement in the written notice that the resident may remain in the room or home	R114	In the case of an involuntary discharge or transfer the manager will use the form prescribed by the Division of Licensing and Protection. Language will include the residents right to appeal, the means to do so, and the right to remain in their room during the appeal. A template of this form will be kept in our files.	11/16/17

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____   TITLE _Single Steps Coordinator_   (X6) DATE _11/16/17_

STATE FORM   6899   IBVY11   _Single Steps Coordinator_   11/16/17   If continuation sheet 1 of 2

R114 POC accepted 11/20/17 MBerthiaume RN/PNMC

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R114	Continued From page 1	R114		
	during the appeal.			
	iv. Place a copy of the notice in the resident's clinical record.			
	This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to provide, 1 applicable resident, with a notice of involuntary discharge that included a statement notifying the resident of their appeal rights and the ability to remain in the home (Resident #1). Therefore, the notice was incomplete. The findings include the following:			
	Per review of the written notice of Involuntary Discharge, dated 8/8/17, Single Steps provided Resident #1 with a thrifty-day notice to leave the facility. The facility failed to include a statement in the written notice, that informed the resident that they may remain in the room/home during the appeal.			

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STATE FORM   6899   IBVY11   If continuation sheet 2 of 2